MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES MISSOURI DEPARTMENT OF HEALTH A STATE PUBLIC HEALTH LABORATORY

INTOX EC/IR II MAINTENANCE REPORT Complete this report at the time of the regular monthly preventive maint			(\neg	
			RECEIVED By Carol Day at 11:44 am. Mar 30, 2015			
Complete this report at the time of	f the regular monthly	preventive maint	enance che			
days). Complete this report whenever	er the instrument is	serviced or repai	red and whenever	it is praced		
	service. Retain the original and send a copy within 15 days to the			DATE OF INSPECTION		
INTOX EC/IR II SN	NAME OF AGENCY		I			
12842 ST CHARLES POLICE DEPT		DEPT.	03/30/2015			
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION			
1781 ZUMBEHL RD ST CHARLES			11:14 CDT			
CHECKLIST: Place a mark in the box						
established limits. (Write in obser	cved values where det	ermined). Unmark	ed items must be	corrected		
before using instrument.						
X DIAGNOSTIC RECORD						
X BLANK CHECK X CO2 CHECK						
X FC 1 TEMP X FLOW CHECK						
X SRC TEMP X FCB CHECK						
X DET TEMP	К					
X STD 2 TEMP X PRINT TEST						
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDA	RDS					
X SIMULATOR SOLUTION		COMPRESSED ET	HANOL-GAS MIXTU	JRE		
X STANDARD SUPPLIER GUTH		OT# 14030	EXP.	DATE 01/20/2016		
		OR S/N SIMULATOR EXP DATE				
		OK 5/W				
34°C +/2°	SD2248		01/15/2016			
Run three tests using a standard must have a spread of .00 used. (PRINTOUT ATTACHED) X 0.10% STANDARD - MUST READ 0.04% STANDARD - MUST READ	dard solution. All 05 or less. Mark t BETWEEN 0.095% AND BETWEEN 0.076% AND	three tests muhe box corresponding 0.105% INCLUSI 0.084% INCLUSI	st be within ±5 nding to the st VE VE	% of the standard value andard solution being	3	
TEST 1 ' 0.102 g/210L	TEST 2 0.101 g	/210L	TEST 3 9 0.10)2 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SI			R THE LAST MAIN	TENANCE REPORT:		
INDICATE THE NUMBER OF BREATH I	BSIS IN IND TORROW	110 1221022 2110				
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE	l :	THAT WAS MADE TO RES		TTO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE IF	NECESSARY)				
INSPECTING OFFICER						
PIGNATURE		PRINT FULL NAME		-		
► 1.0: Stancel allan	,, ,	ALLEN, DANIEL				
	0/2017	TELEPHONE NUMBER (636)949-3300				
250018 01/2	V/ L V L /	1030 1040 0300	o			
RETURN COMPLETED REPORT TO	O THE:					
Breath Alcohol Program, Miss		of Health and	Senior Servic	es,		
Southeast District Office, 2						
DOGGINGOU DIBUTTOU OLLICO, 4	1.5 5amob 54741					



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.